

THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor:	PULLEYN et al.	Examiner:	Kenny S. Lin		
Application No.:	10/799,033	Art Unit:	2154		
Filed:	March 12, 2004	Docket No.:	INFOP004C1		
Title:	DOMAIN NAME SERVICE SERVER				

05/16/2006 SDIRETA1 00000029 10799033

01 FC:1801

790.00 OP

CERTIFICATE OF MAILING

05/16/2006 SDIRETA1 00000029 10799033 120.00 OP 02 FC:1251

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in a prepaid envelope addressed to: Mail Stop: RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

May 9, 2006.

REQUEST FOR CONTINUED EXAMINATION (RCE)/TRANSMITTAL FILED WITH AMENDMENT C

Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

This is a Request for Continued Examination (RCE) under 37 CFR §1.114 of the above-identified application.

1.	Submissio	n required unde	er 37 CFR §1.114
	a. 🗌	Previously su	bmitted: Consider the amendment(s)/reply under 37 CFR §1.116 previously
		filed o	n
			Consider the arguments in the Appeal Brief or Reply Brief previously
		filed o	n
			Other
	b. 🔀	Enclosed:	•
		\boxtimes	Amendment C/Reply
			Affidavit(s)/Declaration(s)
		\boxtimes	Information Disclosure Statement (IDS) & PTO/SB/08
		\boxtimes	Other: Copies of two (2) cited references

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Fee Calculation: The fee for excess claims, if applicable, has been calculated as shown below.

				Small Entity			Large Entity	
				Rate	Fee		Rate	Fee
RCE FILING FEE			x \$395 = \$		OR	x \$790 = \$	\$790.00	
CLAIMS	After RCE	*HP	Extra					
Total	60	69		x \$25 = \$		OR	x \$50 = \$	
Independent	3	6		x \$100 = \$		OR	x \$200 = \$	
Multiple Dependent Claims -0-			x \$180 = \$		OR	x \$360 = \$		
*HP = Highest previously paid				TOTAL FEES \$			TOTAL FEES \$	\$790.00

2.	Miscel	aneous:
	a.	Suspension of action on the above-identified application is requested under 37 CFR §1.103(c) for a period ofmonths.
	b	Other
3.	\bowtie	Applicant hereby petitions for an extension of time as follows:

	SMALL ENTITY			LARGE ENTITY	
	Rate	Add'l Fee		Rate	Add'l Fee
Extension for Response within FIRST month	x \$60 = \$		OR	x \$120 = \$	\$120.00
Extension for Response within SECOND month	x \$225 = \$		OR	x \$450 = \$	
Extension for Response within THIRD month	x \$510 = \$		OR	x \$1020 = \$	
Extension for Response within FOURTH month	x \$795 = \$		OR	x \$1590 = \$	
Extension for Response within FIFTH month	x \$1080 = \$		OR	x \$2160 = \$	

4.	\boxtimes	Applicant(s) hereby petition that any additional required extension of time be granted.
5.	\boxtimes	Enclosed is our Check No. 2351 in the amount of \$910.00 to cover the RCE Fee
require	ed und	ler 37 CFR §1.17 (e), the additional claim fee, if any, and/or extension of time fees.
6. \$		Please charge Deposit Account No. 50-0685 (INFOP004C1) in the amount of cover the additional claim fee and/or extension of time fees.
7.		If the required fees are missing or any additional fees are required during the pendency
of the	subjec	et application, please charge such fees or credit any overpayment to Deposit Account
No. 50	-0685	5 (INFOP004C1).

- Applicant Initiated Interview Request Form. 8.
- Please continue to send correspondence to the following address: 9.

CUSTOMER NO. 21912

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Clover Huang Date: 5-9-06

Reg. No. 55,285

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